ADOPTED E

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CLAIM OF: State Farm Insurance Companies as subrogee of

Linda D. Bolden P.O. Box 10003

Duluth, Georgia 30096-9403

For damages alleged to have been sustained as a result of a vehicular accident on July 25, 2000 at 640 North Avenue, NE.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **State Farm Insurance Companies as subrogee of Linda D. Bolden** the sum of **\$2,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on July 25, 2000 at 640 North Avenue, NE., as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD CITY ATTORNEY

ROSALIND RUBENS NEWELL

DEPUTY CITY ATTORNEY

Mulie Safety
11/28/00
11/28/00
11/28/00
11/28/00

MUNICIPAL CLERK ATLANTA, GEORGIA

00-R-1916

A RESOLUTION

BY PUBLIC SAFETY & LEGAL ADMINISTRATION COMMITTEE

BE IT RESOLVED BY the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to State Farm Insurance Companies as subrogee of Linda D. Bolden in the sum of \$2,000.00 in full settlement and satisfaction of all claims, past, present and future, of every kind and character, for damages alleged to have been sustained as a result of a vehicular accident on July 25, 2000 at 640 North Avenue, NE as is more particularly set forth in the within claim; said sum taken from and charged to Account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

A true copy,
Deputy Clerk

ADOPTED by the Council
RETURNED WITHOUT SIGNATURE OF THE MAYOR
APPROVED as per City Charter Section 2-403

DEC 04, 2000

DEC 13, 2000

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. <u>00L06/6</u> Date: <u>November 16, 2000</u>
Claimant Winting LINDA D. DOLDEN
Claimant / Victim LINDA D. BOLDEN PV: (Attr) (Inc. Co.) STATE FARM DISHBANGE COMPANIES
BY: (Atty) (Ins. Co.) STATE FARM INSURANCE COMPANIES Address: P.O. Boy 1992, Dulydy Granic 2000 (
Address: P.O. Box 1003, Duluth, Georgia 30096
Subrogation: X Claim for Property damage \$ 3,366.02 Bodily Injury \$
Date of Notice: 10/26/00 Method: Written, Proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X Date of Occurrence 7/25/00 Place: 640 North Avenue, NE Department PR&CA Division Parks Employee involved Robert L. Abron, Jr. Disciplinary Action: No longer employed with City
Department DR & CA Picitis R 1
Employee involved Pohert I Abron In Distriction Add No. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Employee involved <u>Robert L. Abroil, Jr.</u> Disciplinary Action: <u>No longer employed with City</u>
NATURE OF CLAIM: Claiment's vahials systemed demand when it was 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
NATURE OF CLAIM: Claimant's vehicle sustained damage when it was backed into by a vehicle that was operated by a city employee. The city employee was cited for "improve the line".
operated by a city employee. The city employee was cited for "improper backing".
INVESTIGATION:
Statements: City employee Claimant Others Written Oral
Pictures Diagrams Reports: Police X Dept Report Other
Traffic citations issued: City Driver Claimant Driver
Citation disposition: City Driver Claimant Driver
Claimant Differ
BASIS OF RECOMMENDATION:
Function: Governmental X Ministerial Improper Notice More than Six Months Other Damages reasonable City not involved Offer rejected Compression and the second of the compression and the c
Improper Notice More than Six Months Other Damages reasonable
City not involved Offer rejected Compromise settlement X
Repair/replacement by Ins. CoRepair/replacement by City Forces
Claimant Negligent City Negligent
S 8 S Claim Roundoned
Respectfully submitted,
Tuy doly m
INVESTIGATOR - GWENDOLYN BURNS
RECOMMENDATION:
\sim
Pay \$ 2.000.00 Adverse Account charged: 1A01 X 2J01 2H01
Claims Manager: // ///// Concur/date //-/707
Committee Action:Council Action
FORM 23-61 /

State Farm Insurance Companies



25-10-05A10:10 100y)

October 20, 2000

Auto Claim Central 11350 Johns Creek Parkway Post Office Box 10003 Duluth, Ga 30096-9403

Council of the City of Atlanta Municipal Clerk City Hall, 55 Trinity Av SW Atlanta, GA 30335

> ENTERED - 11-2-00 - SB00L0676, To GWEN BURNS

RE: Our Claim Number:

Date of Loss: Our Insured: Your Insured:

July 25, 2000 Linda D. Bolden City of Atlanta

Your Insured's Address: City Hall, 55 Trinity Av SW

Atlanta GA 30335

Your Insured's Pol No:

Your Claim No:

Dear Council of the City of Atlanta:

We have been informed that you are the insurance carrier for the party designated as your insured in the caption of this letter. Our investigation of this accident establishes that your insured was responsible for this accident.

Please accept this letter as notice of our subrogation rights under:

Personal Injury Protection (pip) x Vehicle Damage Medical Payments Coverage (MPC) x Other:

x Should we be called upon to make payment under our policy we will be looking to you for reimbursement.

__ We have made the following payments to date and request reimbursement as shown below:

Name	of	our	Payee /	PIP/MPC	/ VEHICLE	/ OTHER
			/		/(LESS_SALVAGE)/	PAYMENT
			/	/	/	
			'/	1	·,	

Net amt. paid by Co. \$

Insd. Ded \$

TOTAL PAID \$_

Sharon Keahey, Team 05 Claim Representative

(800) 578-8001

State Farm Mutual Automobile Insurance Company

PS: Police report attached

Sham Caml. #3,366.02 (7)418-5769 -1)418-6868

HOME OFFICES: BLOOMINGTON, ILLINOIS 61710-000

COUNCIL OF THE CITY OF ATLANTA MUNICIPAL CLERK City Hall 55 Trinity Avenue, S.W. Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: _

Dear Municipal Clerk:					
This is to notify the City of Atlanta that and/or \$ bodily inju	have suffered damages in the amount sum of \$pending property y for which I contend the City is liable.				
1. Date of incident: 1/25/00	2. Time of Incident: 1. 30 pm 3. Police called: Yes No				
4 Location of incident (including street addre	turning lane to fenced in parking lot at any Hall				
5. Name of your insurance company:	State Farm insurance Policy No. 1 act 101 1111				
6 State what and how incident countred:	our insured was driving behind claimant				
whom, claumant Str	pped and begen backing up. Claimant				
backed into our in	pured and was crarged with appropris				
backing by atla	nta Police Department.				
7 ALL ECTIMATES AND DAMAGES	S ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!				
8. The registered owner must make estimates of repair and proof of own	the claim for vehicle damages, complete the following and attach two (2) triship of your vehicle (copy of the current tag receipt or title).				
Your vehicle N15 San (Make)	1997 224 GWW Larry Bolden (Year) (Tag Number) (Driver's Name)				
·	(Year) (Tag Number) (Driver's Name)				
City vehicle: Dodge. (Make)	Robert Lee Abron, Jr (City Driver's Name) (Department/Bureau)				
9. Witness: None					
(Name)	(Address) (Telephone Number)				
10. The acknowledgement of this claim State law, nor is it an admission of	n no way waives the Sovereign immunity of the City of Atlanta, as granted by iability on behalf of the City of Atlanta and/or its employee(s).				
11. This claim should be mailed immed	ately to the address shown above.				
I HEREBY SWEAR OR AFFIRM TH INFORMATION IS TRUE AND CO	AT THE ABOVE <u>Claim Representative Sharon Keaher</u> RRECT. (Print Clamaint's Name)				
Sharon Keahers					
Signature of Claimant	(Address)				
	(City , State and Zip Code)				
	(Work Number) (Home Number)				

GENERAL RELEASE AND INDEMNIFICATION

CLAIM NUMBER_00L0676		\$ <u>2.000.00</u>		_
		እምን ም ረሳሽ ሽ ለሽነድ ለ እነ	T NO /100	
IN CONSIDERATION of the sum of	<u>[WO THOUSA</u>	ND DOLLARS AN	which is hereby acknowledged	_ 1.
ra a la for munifications avecutors ad	lministrators, at	nd assigns, release a	na torever discharge said Cit	у,
the fire and employees from any and all cl	aims, demands.	actions, causes of a	ction, suits, damages, toss an	ıu.
expenses, of whatsoever kind or nature for or or	n account of any	thing that has hereto	fore occurred, and particular	y
for ou on account of a vehicular accident				_
which occurred on or about the25th_	day of	Julv	, 2000	~>
at or near 640 North Ave. NI				_ •
It is further understood and agreed that admission on the part of the City, its officers, undersigned further covenants and agrees to inservents and employees, from any and all claimagents, servants and employees, may be called. And I now state that the only considera of the sum stated above; that no other promise said City or its agents to can seeme to sign this instrument.	agents, servants demaify and he ims, damages of l upon to make ation for my sign or agreement of s release, and th	s or employees, or a left harmless the City of costs which the sa as a result of the evening this release and f any kind or nature at I fully understand	ny hability whatsoever and the of Atlanta, its officers, agent id City of Atlanta, its officer in hereinbefore referred to indemnification is the payme has been made to or with me to the meaning and intent of the	is, rs, int by
WITNESS my hand and seal this		lo th day	of Novembox 20 00	
	STATE	FARM INSURANG D. Bolden	CE COMPANIES as subrog	,
The above release was read and explain			in the date above written.	

00- χ -1916

RCS# 2434 12/04/00 3:58 PM

Atlanta City Council

Regular Session

CONSENT

Pages: 1-19

ADOPT

YEAS: 12 NAYS: 0

ABSTENTIONS: 0
NOT VOTING: 3

EXCUSED: 0
ABSENT 1

SEE ATTACHED LISTING OF

ITEMS ADOPTED/ADVERSED

ON CONSENT AGENDA

ITEM (S) REMOVEDFROM NV McCarty Y Dorsey Y Moore ' B Thomas Y Emmons Y Starnes Y Woolard Y Martin **CONSENT AGENDA** NV Alexander Y Bond Y Morris Y Maddox 00-O-1874 Y Winslow Y Muller Y Boazman NV Pitts 00-O-1986 00-R-1950

		12/04/00 Council Meeting
ITEMS ADOPTED	ITEMS ADOPTED	ITEMS ADVERSED
ON CONSENT	ON CONSENT	ON CONSENT
AGENDA	AGENDA	AGENDA
TIOEI (DI	110211211	110211211
1. 00-O-1289	36. 00-R-1959	64. 00-R-1816
2. 00-O-1680	37. 00-R-1882	65. 00-R-1817
3. 00-O-1792	38. 00-R-1985	66. 00-R-1818
4. 00-O-1797	39. 00-R-1943	67. 00-R-1819
5. 00-O-1003	40. 00-R-1945	68. 00-R-1820
6. 00-O-1228	41. 00-R-1946	69. 00-R-1821
7. 00-O-1795	42. 00-R-1947	70. 00-R-1822
8. 00-O-1796	43. 00-R-1948	71. 00-R-1823
9. 00-O-1860	44. 00-R-1949	72. 00-R-1824
10. 00-O-1616	45. 00-R-1951	73. 00-R-1825
11. 00-O-1853	46. 00-R-1970	74. 00-R-1826
12. 00-O-1801	47. 00-R-2016	75. 00-R-1827
13. 00-O-1963	48. 00-R-1901	76. 00-R-1828
14. 00-O-1965	49. 00-R-1902	77. 00-R-1829
15. 00-R-1788	50. 00-R-1903	78. 00-R-1830
16. 00-R-1886	51. 00-R-1904	79. 00-R-1831
17. 00-R-1953	52. 00-R-1905	80. 00-R-1832
18. 00-R-1955	53. 00-R-1906	81. 00-R-1833
19. 00-R-2009	54. 00-R-1907	82. 00-R-1834
20. 00-R-2010	55. 00-R-1908	83. 00-R-1836
21. 00-R-2011*	56. 00-R-1909	
22. 00-R-1890	57. 00-R-1910	* D D'44 -
23. 00-R-1937	58. 00-R-1911	* President Pitts
24. 00-R-1938 25. 00-R-1939	59. 00-R-1912 60. 00-R-1913	recused himself.
26. 00-R-1939	61. 00-R-1914	
27. 00-R-1988	62. 00-R-1915	
28. 00-R-2006	63. 00-R-1916	
29. 00-R-2013	03. 00-K-1910	
30. 00-R-1887		
31. 00-R-2015		
32. 00-R-1957		
33. 00-R-1958		
34. 00-R-1877		
35. 00-R-2008		